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To: Examiner Pamela E. Perkins	From: Leslie S. Szivos
Fax: 703-872-9319	Pages: 16 pages including cover sheet
Phone:	Date: 4/14/2003
Re: U.S. Serial No. 09/893,207 Group Art Unit: 2822 Docket No. YOR920010091US1 (14299)	CC:

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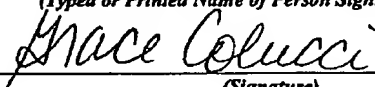
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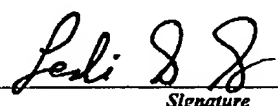
CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)		Docket No. YOR920010091US1 (14299)	
Applicant(s): John Michael Cotte, et al.			
Serial No. 09/893,207	Filing Date June 27, 2001	Examiner Pamela E. Perkins	Group Art Unit 2822
Invention: PROCESS OF REMOVING RESIDUE MATERIAL FROM A PRECISION SURFACE			
<p>I hereby certify that this <u>RESPONSE UNDER 37 C.F.R. §1.116</u> <small>(Identify type of correspondence)</small></p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9319</u>)</p> <p>on <u>April 14, 2003</u> <small>(Date)</small></p> <div style="text-align: right; margin-top: 100px;"> <u>Grace Colucci</u> <small>(Typed or Printed Name of Person Signing Certificate)</small>  <small>(Signature)</small> </div>			

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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. YOR920010091US1 (14299)	
Applicant(s): John Michael Cotte, et al.					
Serial No. 09/893,207	Filing Date June 27, 2001	Examiner Pamela E. Perkins	Group Art Unit 2822		
Invention: PROCESS OF REMOVING RESIDUE MATERIAL FROM A PRECISION SURFACE					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510/IBM A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ <i>Signature</i>			Dated: April 14, 2003		
Leslie S. Szivos Registration No. 39,394 SCULLY, SCOTT, MURPHY & PRESSER 400 Garden City Plaza Garden City, New York 11530 (516) 742-4343			FAX RECEIVED APR 14 2003 TECHNOLOGY CENTER 2800		
CC:			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231. _____ <i>Signature of Person Mailing Correspondence</i> _____ <i>Typed or Printed Name of Person Mailing Correspondence</i>		

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